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ABSTRACT

Papers on hospital and health libraries and library services to the blind and deaf which were presented at the 1982 International Federation of Library Associations conference include: (1) "Leisure Pursuits of the Blind" by Antun Lastric (Yugoslavia); (2) "Library Services for the Handicapped in Canada: An Overview" by Francoise Hebert (Canada); (3) "International Exchange," a description by Peter Ditz (South Africa) of a proposed international library cooperative acquisition and exchange program for talking books; (4) "The Deaf Patron and the Library" by Karen Ann Hopkins (United States); (5) "Public Library Services for the Blind and Weak-Sighted from a Central Library Point of View" by Winnie Vitzansky (Denmark); (6) "Work on Bio-Bibliographical Index 'The Blind in Life and Work'," a progress report by D. S. Zharkov (USSR) on the production of an international reference work; (7) "Recent Advances in Library Service for the Print-Handicapped in Japan" by Hiroshi Kawamura (Japan); (8) "Patient Education and Health Outcomes: Implications for Library Service" by J. G. Marshall and R. B. Haynes (Canada); (9) "Hospital Library Networks in Paris: Organisation and Future Prospects" by Mme Rappaport (France); and (10) "From Hospital to Home: Perspectives in Healthy Living," a discussion by M. A. Flower (Canada) of the role of health libraries in health education. (ESR)

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INTERNATIONAL FEDERATION OF LIBRARY ASSOCIATIONS

HOSPITAL PATIENTS AND HANDICAPPED READERS SECTION

AND

ROUND TABLE OF LIBRARIES FOR THE BLIND

PAPERS

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Division: Libraries Serving the General Public

Section: Hospital Patients and Handicapped Readers

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Leisure Pursuits of the Blind

by

Antun LASTRIC
Professo-
Union of the Blind of Croatia
Zagreb, Yugoslavia

Meeting
131

Leisure Pursuits of the Blind

Today great attention is given to investigation of leisure pursuits of modern man in many countries round the world. It has become extremely important for the whole man's life. Owing to enormous technological development the way of living is changed more intensively than ever.

During the last 50 years more technical discoveries were realized than a thousand years ago. Such dynamic technological development enabled a decrease of working hours and if in future technology shall be developed at this rate, and there is no reason why it should not be so, it is unpredictable to imagine how man shall live for ten years. One thing is certain - man shall have considerably more leisure time than today. (Leisure time is the most appropriate term concerning the time man does not spend at work.) By means of technology every event from various parts of the world can be transmitted as fast as possible and plenty of information is produced in this way. It is almost impossible to choose most interesting and most useful information for the individual. Producers of entertainment, cultural, and other happenings supply us with so many things that it is very hard to follow everything. Therefore, we need an organized approach toward the use of leisure pursuits and this can be achieved through selection of pieces of information as well as other happenings, some of them can be classified into specific groups of information.

In USA there are more than 10 TV programs specialized for some specific contents and man can choose the one he is most interested in. Certainly, it is not the only way to choose something you like for your

leisure pursuits. It is important to keep in mind the fact that practical use of leisure pursuits leads toward the increase of productivity insofar as man has satisfied all his personal wishes during leisure time.

Quite a great number of books has been written concerning problems of leisure pursuits. Although there are a lot of books written about leisure time of the handicapped, specifically the blind, as far as I am informed, no one has written about that problem in Yugoslavia. This fact was, besides great importance of organization of leisure pursuits, the main reason why I decided to occupy myself for a longer period of time with this problem and in this way also stimulate others to pay more attention to leisure pursuits. With my paper I would like to give some contribution to this problem.

I am not trying to give any definitive judgment or solution, I only wish to define some problems by means of certain theses and to give basic directions in investigation of leisure pursuits of the blind.

As it is known, the use of leisure time of handicapped persons has some special characteristics particularly concerning the blind because blind persons are the only category of citizens who have special relief letters and who use talking books.

Producers of entertainment and other amusing contents do not pay attention at all to handicapped persons and their specific needs because their interest is turned to larger numbers of people who use their products. That is why handicapped persons are less valuable a category of citizens for entertainment producers.

Organizations and institutions of the blind must take active part in investigation and organization of leisure pursuits if they want to avoid the blind to be in a very inadequate position concerning other

citizens. Owing to the growth of progress all over the world the situation of handicapped persons, especially the blind, has become much better particularly in economic and social ways of life. In the future organizations of the blind shall have very few such problems and shall be occupied with leisure pursuits only.

As leisure pursuits shall become main occupations for organizations and institutions of the blind so they must have necessary finances and well educated working staff. My opinion is it is high time for organizing an international symposium about various ways of using leisure time of the blind. It may give some directions for investigation and help organizations of the blind to find their position in organizing the ways of using leisure pursuits. All national organizations of the blind have to participate because only in this way one complete programme of work can be made that will have some effect on leisure pursuits of the blind.

Most interesting fields of interest for performing leisure pursuits of the blind are, I suppose, culture and education, sports recreation, amusement and tourism. Organizations of the blind can do very much in order to turn entertainment producers' attention toward the blind consumers and try to adapt their production to the needs of the blind.

Motto of the International Year of Disabled Persons is complete participation of the handicapped in all ways of life. If that is so, we must show it through our actions.

One thing is sure. Everybody's leisure pursuits, especially those of the blind, must be organized and directed so that no contents are imposed to us but we must be in a position to choose whatever we like.

Theses:

1. We know very little about leisure time because we are occupied with

work and hours of work for the whole life.

2. It is not strange we carry our habits and ideas from work to leisure pursuits. It is hard to imagine that masses of people who have worked through the whole life know how to organize leisure pursuits if not in the same way as hours of work.
3. We are used to hearing terms like exploitation, profit, market, consumption, etc. in connection with analysis of work and hours of work. With development of commodity and monetary relations we started to use the same terms in the analysis of leisure pursuits. There is no area where capital is no master; area of leisure time became the area of alienation.
4. Even in the field of education introduction with ideas, beliefs and principal values are replaced by purchase and sale skills, by spending money and enjoyment.
5. The main characteristic of mass production is to produce the same things while basic characteristic of mass consumption is to spend money in the same way - that means mass consumer without his own taste and liking suits the best into one system of mass production.
6. Hours of work are reduced evidently while leisure pursuits have been increasing and very soon the question of leisure time will become as important as the question of work and hours of work if not more.
7. I consider leisure pursuits as free time spent out of work and after work. During hours of work we have to be at the appointed place, at the appointed time with appointed people but during leisure pursuits we choose place, time and people to be with according to our wish.
8. During the past, when working days were long (16 hours sometimes,

even children worked 10 hours) production was more important than consumption; man who produced more was considered as more valuable and more proud; he was a production hero. With growth of leisure pursuits and, at the same time, more important role of consumption of things, new possibilities were made for the appearance of new heroes: consumption heroes.

9. From day to day we consume more and more different kinds of goods. The amount of information also grows every day. We are surrounded with information - pieces of information have become our concrete life surrounding. The effort to choose human and rational information out of this crowd is equal to that needed for creation of information. Today perhaps, we may call man genious the one who is able to choose true information out of faulty ones. Our spiritual world becomes poorer than the material one.

10. It may seem unbelievable but it is the truth there is no one scientific exploration about leisure pursuits of the blind undertaken in Yugoslavia. That is why I am not able to give you some precise investigation results but instead of this I offer you some hypothesis based on my long lasting experience and investigation on my own.

11. Every citizen has the right to be informed about each important manifestation concerning political, social and cultural events. Entertainment producers do not care enough how to adapt information to the needs and wishes of the blind. For example, TV presents some important event giving good visual presentation but with poor and incomplete commentary so a blind person cannot imagine what is exactly going on.

12. Organizations of the blind should have undertaken some actions in

order to insure approach to life important information for the whole society as well as to this category of citizens regardless of their small number. In some countries information is adapted to the needs of impaired persons with regard to special letter, speech, etc.

13. It is important to keep in mind, permanently, four periods in the life of the blind especially in the choice of information and its adaptation to certain periods of life. The first period is pre-school period, the second is the educational period, the third is a period of work, and the fourth is the pension period. This last period is very important because the blind man can be retired earlier owing to some law privilege (one year of working period is considered as 15 months spent at work).

14. The blind have some problems with mobility. They are not able to go in all kinds of sports or attend sport and entertainment performances as other people. Therefore, they do not want to be isolated but they would like to choose those ways of using leisure pursuits that suit their needs and possibilities.

15. It seems to me that books started to play a very important role in a blind person's life. That is why our publishing activity is directed toward the needs and wishes of blind readers and we are trying to give them true values out of literature, music, etc. instead of trying to satisfy the tastes of an average reader.

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LIBRARY SERVICES FOR THE HANDICAPPED IN CANADA

AN OVERVIEW

by

Françoise Hébert
Executive Director
CNIB National Library Division
1929 Bayview Avenue
Toronto, Ontario
M4G 3E8

416-486-2579

For Presentation to the
Round Table on Libraries for the Blind
International Federation of Library Associations

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Meeting
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SUMMARY

Library services for handicapped Canadians have been greatly influenced by the fact that education and culture are provincial responsibilities in Canada, and by our long-standing friendship with the U.S.A.

Today, handicapped children are mainstreamed into the regular school system, where they must have access to the same textbooks as their sighted classmates. This requires a great number of braille and tape titles, but in few copies. Provincial governments and private agencies such as CNIB are trying to meet this new challenge.

Recreational reading materials on tape are increasingly found in public libraries in Canada, bringing the mainstreaming concept to the adult handicapped reader as well. Although CNIB provides the most extensive range of library services to blind Canadians, there is a definite trend, applauded by CNIB, toward decentralization of lending to the public library sector. Private agencies are assuming the contractual functions of braille and tape production.

The element missing in Canada is central coordination of activities in these areas. We are hopeful that the recently announced new program for the handicapped at the National Library of Canada will fill this need.

LIBRARY SERVICES FOR THE HANDICAPPED IN CANADA

AN OVERVIEW

The Round Table on Libraries for the Blind is young by IFLA standards, but it has already developed conference traditions of its own. One of these is to invite someone from the host country to provide an overview of the library services for the handicapped in that country. I am honoured to have been asked to do this for Canada in 1982.

The development of library services for handicapped persons in Canada has been strongly influenced by our history, our geography and our political structure. Historically, we are a young country, having celebrated our 100th birthday just 15 years ago. We have two official languages, English and French, with French spoken mainly in Quebec, although there are important French pockets in New Brunswick, Ontario and Manitoba.

There are 24,000,000 Canadians, spread over one of the largest and coldest countries of the world. Most of Canada is sparsely populated. The great majority of Canadians live in a strip just 100 miles wide and 3,000 miles long, stretched across the top of the United States border. Our proximity to the U.S.A., and the long standing friendship between our countries, have had major cultural and economic implications for Canada. One of our favourite national pastimes is trying to convince the world, and sometimes ourselves, that we are not Americans.

Canada is a parliamentary democracy. It has a federal government in Ottawa and ten provincial governments. Powers are divided between the federal and provincial governments by our Constitution. Culture and recreation are provincial responsibilities in Canada, which means that the federal presence in these areas is mainly to coordinate and to finance.

We estimate there are 300,000 Canadians who can't read print because of a physical handicap. Two-thirds have a visual handicap, and one-third a physical handicap such as a motor or neurological dysfunction which prevents the reading of print.

Most handicapped Canadians are elderly, and lost their ability to read print in later years, after a lifetime of normal vision. Demographers tell us that the proportion of elderly people is growing in Canada. So although medical advances are eliminating or minimizing many of the causes of print disabilities common in the

past, we will be faced in the future with a growing number of people whose reading disabilities are caused by aging.

The proportion of handicapped children is declining, but there are still significant numbers of children in Canada who can't read print because of a physical handicap. Between the ages of 6 and 19, perhaps as many as 22,000 children and young adults, of whom only about 2,600 are legally blind.

Handicapped children in Canada, more and more, are being mainstreamed into the regular school system instead of being placed in residential schools as they were in the past. In some areas of the country, mainstreaming has been done cautiously and well, with educational authorities providing the numerous support services that handicapped children need to function successfully in a sighted, print oriented classroom. In other areas, things haven't gone so smoothly, and children have been placed in regular schools with few special services, or in some cases none at all. These situations are improving rapidly, however, because there are now good provincial models to follow in Canada, and because parents and other groups are demanding better support services for their children in school.

Library services for handicapped children have had to change to meet the new challenge of mainstreaming. There is a need for many more titles in braille and tape, but fewer copies of each title are required. Each province in Canada, and sometimes individual school boards, use different textbooks. New editions are also very frequent, coming out as often as every second year. The trend in Canada is for provincial departments of education to assume responsibility for providing special materials for handicapped children in their schools. Some provinces have established their own braille and tape production facilities, while others have chosen to contract for the production of braille, tape and large print materials with specialized agencies such as The Canadian National Institute for the Blind.

Braille for schoolchildren in Canada is largely produced by hand, on Perkins braillers, with thermoform copies being given to the students. The major producer of English braille in Canada is the CNIB, which uses volunteer braillists in Toronto and Winnipeg, and staff braillists in Vancouver. CNIB uses Grade II English Braille, American Edition, Textbook Code.

Braille is also produced on computer at CNIB. This year, we are completing an enhancement of the Duxbury Translation Program, so that the computer will produce braille in Textbook Code, something it has been unable to do until now. We hope this will significantly increase the number of braille titles that can be transcribed for students each year. Only two other agencies that I'm aware of produce braille by computer in Canada. They are the University of Manitoba in Winnipeg and the Service Converto-Braille in Hull, Québec.

It is difficult to provide national statistics of braille production for students in Canada, because these are not collected centrally. My own Library in Toronto produced 63,000 original pages of braille, using volunteer braillists. Our computer, which is used mainly for job support material, produced 7,000 original pages of braille. The CNIB Toronto collection of braille masters now numbers 2,500 titles. These are available internationally, on interlibrary loan.

Handicapped students in Canada are making increasing use of recorded textbooks. Most of these are produced on 4-track cassette recorded at 15/16 inches per second, and requiring a special playback machine. But a large number of recorded textbooks are also produced in the standard 2-track format. The major recording agencies for student materials in Canada are the CNIB, the Crane Library at the University of British Columbia, La Magnétothèque in Montreal, Trent Audio Library in Peterborough, Ontario and the Community Tape Resource Library in Halifax. Several provincial departments of education also record textbooks, or arrange by contract for the recording of textbooks for handicapped students in their province.

Most recording of textbooks is done by volunteers, in soundproof studios, using the narrator/monitor approach. Most agencies in Canada follow the National Braille Association standards for the tape-recording of books. At CNIB in Toronto last year, we recorded 158 new textbooks, bringing our total collection of textbooks on tape to more than 3,700 titles. When the resources of the other producers are added to this, it can be seen that a significant amount is being done here.

Canadian students also make extensive use of interlibrary loan for obtaining books on tape. A major resource is Recording for the Blind in New York City. Canadians borrowed well over 1,000 tapes from RFB last year.

The one glaring deficiency in the provision of textbooks in special format for handicapped students in Canada is the absence of a union catalogue of materials. Because there are so many recording and brailling agencies across Canada, students, or their teachers, must make several phone calls and write several letters to find out if a textbook in special format is available somewhere in the country. We are hopeful that a national union catalogue will be developed shortly by the National Library of Canada, although this has not happened yet. Overall then, in Canada, most handicapped students are getting at least the essential portion of the braille and tape textbooks they need to pursue their education. The situation is not perfect, but it is considerably better today than it was ten years ago. Even greater progress lies ahead.

Reading for pleasure, reading for recreation. It's an important way for handicapped people to participate in the society in which they live. In Canada, library services in this area are changing rapidly. Until about ten years ago, private agencies such as the CNIB were the sole providers of materials in special format for handicapped readers. Today, private agencies remain the major producers and lenders of special format materials. But public libraries have become more active in recognizing and beginning to meet the needs of their handicapped constituents. Again, because public library services are the responsibility of each province and indeed each municipality in Canada, the development of services for handicapped readers in the public library has been uneven. In some provinces, notably British Columbia and Alberta, developments are moving ahead very fast. In other areas, developments are proceeding more slowly, often in a fragmented manner.

Recreational materials in braille remain largely a service provided by the private agencies, notably The Canadian National Institute for the Blind and the Institut Nazareth et Louis Braille in Montreal. About 3,000 people in Canada read braille, only half of whom read it for pleasure. Therefore, it makes sense to have large, central lending collections to serve this small special market. The CNIB is the only English braille recreational lending library in Canada. Our collection includes about 6,000 titles, most of which have been purchased from other sources such as the Royal National Institute for the Blind in Great Britain and the American Printing House for the Blind in the U.S.A. In 1981, we added 145 braille titles to our collection, of which 32 were produced by CNIB. About 800 readers

used our braille lending collection in 1981, and they borrowed 7,000 titles or about 15,000 volumes of braille last year. The CNIB subscribes to several braille magazines published in Britain and the U.S. and produces a few magazines of its own in braille. The best of these is The Braille Courier, and its French counterpart Le Courrier Braille, a monthly sampler of articles taken from Canadian magazines. The Braille Courier has a subscription list of 800 readers in Canada, Le Courrier Braille a subscription list of 600 readers. The two magazines are available free to any agency serving handicapped readers anywhere in the world. We also produce an English weekly newsletter, in braille on computer, for deaf-blind Canadians. French braille is available from the Institut Nazareth et Louis Braille, which has an extensive collection and an active production program. The Institut Nazareth also publishes a magazine in French braille, Le Carrefour Braille, which has a large circulation among the French community in Canada and abroad.

When the CNIB was first created in 1918, we had 600 readers who used our braille library. Sixty-three years later, we have only 800 readers. This is a real decline in the proportion of blind people who read braille for pleasure. Costs of production today are so high, and the number of readers so small, and declining, that unless cheaper and faster ways are found to produce braille, and unless more blind people read it for pleasure, I see a very uncertain future for recreational braille in this country.

But where braille for recreational reading has languished, talking books have been very successful. The CNIB, which is Canada's largest producer of talking books, and its biggest lending library for talking books, has followed the Library of Congress into the 4-track system. At CNIB, we provide free, to each one of our 12,000 users across Canada, a 2 and 4-track playback machine purchased from Telex in the U.S.A. We have a collection of 3,000 English and 950 French talking books on 4-track cassettes, in an average of 30 copies of each title. We loaned 265,000 English and 25,000 French talking books last year to blind readers across Canada. Titles in our collection were either recorded in our own studios in Toronto and Montreal, or else they were purchased from other sources such as the American Foundation for the Blind and Evatone in the U.S.A., agencies which produce on contract for the Library of Congress.

Titles recorded in the CNIB studios are available for purchase, at cost, to libraries anywhere in the world so long as the borrower is a handicapped person. We also offer any of our titles for sale as submasters, with duplication rights, to agencies anywhere in the world so long as the required copyright permissions are obtained in advance of duplication.

Another program at CNIB is the production of talking magazines. We record seven Canadian magazines, five English and two French, on 4-track cassettes, and we mail them out to subscribers across the country, free, within days of their appearance in print. For example, the news magazine Maclean's, which appears on newsstands every Monday, is recorded, duplicated on cassette, and mailed out to 3,000 Canadians by Friday of the same week. The talking magazine program at CNIB is one we're very proud of, and a service much appreciated by our readers. The entire cost of the program is donated by Gulf Canada Limited.

But whereas the CNIB, a private agency serving blind people across Canada, has taken that giant step into the 4-track cassette system, public libraries in Canada have not, mainly because the libraries aren't prepared, and indeed can't afford, to provide talking book machines free to each of their users. Until inexpensive 4-track playback machines can be purchased directly by handicapped individuals, most public libraries in this country will continue to provide talking books on 2-track cassettes only.

Libraries in Canada purchase talking books from two major sources: the CNIB and the government of the province of British Columbia. In the case of CNIB, any title produced on 4-track cassettes for our own lending library is reproduced onto 2-track cassettes and made available for sale at cost. We currently have more than 1500 titles available for sale, and we're adding 25 more each month. We are fortunate in that the Library of Congress allows CNIB to resell LC tapes to libraries across the country.

The B.C. government produces talking books on 2-track cassettes in its own studios in Vancouver and makes them available to libraries across Canada on a limited basis. The B.C. government produces somewhere in the neighbourhood of 350 new recreational titles each year.

So public libraries in Canada can choose talking books on standard 2-track cassettes from the CNIB, the B.C. government, and a growing number of commercially produced

titles which so far tend to be abridgements of books rather than full-length books. What this means is that a legally blind person who is a client of the CNIB can obtain a talking book machine free, and can borrow 4-track talking books from the CNIB Library in Toronto, as well as 2-track talking books from the local public library. There are advantages to each service, and many blind people use both. Handicapped people in Canada who are not legally blind and who, therefore, can't use the CNIB Lending Library depend on their local public library for talking books, which are available on the 2-track format only.

In future, as public library collections of talking books improve, and as libraries develop the range of special services needed for their handicapped constituents, the CNIB will probably get out of the lending business, and will concentrate on the production of talking books and talking magazines, and perhaps the provision of more specialized services to handicapped people on a contractual basis with the provinces. The days of the private agency as the major provider of library services for handicapped readers are drawing to a close in Canada. Private agencies were trailblazers in this area, but libraries have now largely accepted their responsibility for serving all their constituents, not just those who can read print. They are moving ahead to build their collections and their services as fast as their budgets and their resources will allow them to.

What has been missing from this outline of library services for handicapped persons in Canada is a focus, a presence at the centre. CNIB is a national agency, and the major private provider of materials and services, but it does not have the mandate to coordinate and rationalize the activities of other producers and lenders.

On January 20, 1982, just eight months ago, the Secretary of State for Canada announced a new program at the National Library of Canada. This will be a federal program to coordinate library services for the handicapped. One of the first tasks of the program will be to develop the union catalogue of special materials available and in production. To direct the program, the National Librarian of Canada will appoint an advisory committee made up of representatives from the educational and public library sectors in Canada, and including producers and distributors of special format materials. We are

all hopeful that the program will help to organize what is now a very dynamic and productive but uncoordinated area of activity in this country.

This, dear friends and colleagues, is a too brief overview of library services for handicapped persons in Canada. Those who wish to know more about the CNIB program can learn about it from our annual report, which is available for distribution. I will be pleased to answer questions, and I'm certain my colleagues from other agencies in Canada who are here today will be pleased to answer questions as well. Thank you for your kind attention.

Françoise Hébert

FH/mc

Françoise Hébert,
Executive Director,
CNIB National Library Division
April 29, 1982.

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IFLA GENERAL CONFERENCE, MONTREAL 1982

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Division

Section: Round Table Libraries
for the Blind

INTERNATIONAL EXCHANGE

by

Peter DITZ
Chairman of Tape Aids
for the Blind
DURBAN
Republic of South Africa

for presentation to the
Round Table of Libraries for the Blind
48th Council Meeting
International Federation of Library Associations
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Meeting
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1. INTRODUCTION

1.1. In 1977 Frank Kurt Cylke, Chief of the Division for the Blind and Print Handicapped of the Library of Congress in Washington D C U S A put forward to the International Federation of Library Association (IFLA) a written proposal for international co-ordination of library service for blind and print handicapped individuals.

1.2. Cylke's proposals were discussed at the IFLA Congress held in Brussels in 1977, and it was because Congress recognised that libraries for the blind and print handicapped would benefit through more international contact and co-operation that the Round Table of the Libraries for the Blind (RTLB) came into being.

1.3. In his paper Cylke listed certain service and technical concerns which he felt merited action. Whilst international exchange as such was not listed among these concerns, the development of an international inter-library loan mechanism was.

1.3.1. Inter-library loans are already fairly common and many libraries make extensive use of this facility. For example Library of Congress has exchanges with approximately twenty libraries outside the United States.

2. WHAT DO WE MEAN BY THE TERMS "INTER-LIBRARY LOAN" AND "INTERNATIONAL EXCHANGE"

2.1. It may be as well to define what is meant by the terms "inter-library loan" and "international exchange" before going any further.

2.2. Someone in country A wishes to have access to a talking book not available in any library in country A but available in a library in country B. The library in country A has no desire to copy that book but only to obtain a copy of loan for one of its members. The library in country A therefore borrows the talking book from the library in country B and the book, when received in country A, is lent by the library in country A to its member. When the book has served its

purpose, it is returned to the library in country B. This is an example of an inter-library loan between two libraries.

2.3 International exchange denotes something quite different. If the library in country A wishes to have a talking book in its library and that book is available in a library in country B, it may obtain a copy of the book from the library in country B for the specific purpose of using such copy to make additional copies of the talking book for its own purpose.

2.3.1. It has been suggested that the term "exchange" is imprecise and that "acquisitions" would be a more appropriate word - on the basis that an exchange is based on reciprocity. I agree. The word "acquisitions" is more generic and covers purchases as well as any receipts of materials on an exchange or gift basis. If, then, this is generally agreed, I propose that from now on we cease to use the term "international exchange" and that instead we use the term "international acquisitions".

3. INTERNATIONAL EXCHANGE - HOW IT WORKS

3.1. In theory there is no reason at all why any library should not be able to derive at least some benefit from international exchange. On the contrary, the advantages of international exchange are so numerous that all libraries should, in their own interests, take advantage of what other libraries have to offer.

3.2. Any library which is interested in acquiring talking books from other libraries in terms of an international exchange arrangement must obviously first obtain catalogues from as many other libraries as possible.

3.3. In most countries many languages are spoken and acquiring libraries which are interested in international exchange are accordingly advised to call for catalogues not only from libraries dealing mainly in talking books spoken in the principle language of the country of the acquiring library, but also in other languages.

3.4. An acquiring library must also know what formats are being used by the libraries from whom it

wishes to borrow for unless an acquiring library can convert a book from the format of the source library to its own format or have the format converted by some third party, the acquiring library will only be able to borrow books which are made available to it in the format it uses itself.

3.5. Next comes the contract between each source library and the acquiring library.

3.5.1. A standard form of contract has already been prepared and circulated among members of RTLB.

3.5.2. It is important to appreciate that a separate contract is NOT required in respect of each and every book borrowed. Once a contract has been concluded between two libraries that contract will govern all future transactions between the source library and the acquiring library in respect of books to be borrowed by the acquiring library.

3.5.3. If the source library decides to borrow books from the acquiring library a further contract will have to be entered into to govern such

transactions. In other words each borrower requires a separate contract with every library from whom it intends to borrow.

3.6. It is important to appreciate that one of the main purposes of the contract is to satisfy copyright laws.

4. THE INTERNATIONAL EXCHANGE CONTRACT

4.1. The contract document is very simple and straight forward.

4.2. One of the terms of the contract requires the acquiring library to obtain written permission to copy a book from the copyright owner and to present that written permission to the source library before the book is made available by the source library.

4.3. For the benefit of members there has been drafted and annexed to the specimen form of international exchange contract a specimen letter of application for copyright.

4.4. Copies of the international exchange contract and the letter referred to in 4.3. are annexed hereto.

5. PERMISSION TO COPY RECORDED BOOKS

5.1. In most countries of the world today libraries and other producers of materials for the blind and print handicapped must obtain the permission of the copyright owner before a book can be recorded onto tape. By and large it would seem that permissions are readily obtainable. More often than not however the permissions granted are conditional upon undertakings being given to the copyright owner that the recordings will only be distributed among the blind and print handicapped and within certain prescribed geographic areas.

5.2. To the best of the author's knowledge, many libraries do not show in their catalogues who holds the copyright in respect of each book enumerated in the catalogues. This means that each copyright owner has to be located and this in itself can involve an acquiring library in a considerable amount of time and expense. Requests for permissions are normally made to publishers.

But in a significant number of cases the publisher does not hold that specific right and so cannot authorise it. Thus in some cases it is possible to secure permissions relatively simply and quickly whilst in other cases it takes a long time to locate copyright owners and then more months to secure the requisite permissions.

5.3. Some libraries seem to have no difficulty whatever in obtaining permissions free of geographical restrictions. If all permissions were granted subject only to the condition that whatever copies of a book are produced will be used only for the benefit of the blind and print handicapped then the main problem encountered in the field of international exchange would immediately disappear. Persons applying for copyright should therefore, whenever possible, endeavour to obtain such copyright free of geographic restrictions.

5.4. It seems fair to assume that permissions without geographic limitations are not likely to be commonplace in the immediate future. While therefore the majority of libraries will continue

to be bound by copyrights with geographic limitations, acquiring libraries are advised, when calling for a particular book from a source library, to ask the source library at the same time to disclose the name and address of the copyright owner.

6. FORMATS

6.1. Although many talking book production units create master tapes at different speeds and on different track configurations, these variations can be overcome and format changes brought about as long as the masters are produced on commercial recording equipment featuring the standard speeds and track formats. When negotiating to borrow, the acquiring library should advise the source library what format it would prefer.

6.2. It should be appreciated that most source libraries will be able to offer alternative formats.

6.3. Tape Aids for the Blind currently uses the standard two-track cassette system and has

succeeded in copying from the flexible discs used by The Library of Congress, conventional reel-to-reel tapes, conventional four-track cassettes but not from the Clarke and Smith cassette system.

7. ADVANTAGES OF INTERNATIONAL EXCHANGE

7.1. If one were to look specifically at any one library member of RTLB, count the number of titles on its shelves and then count the number of titles on the shelves of the public library in the same town or city, the overwhelming probabilities are that for every one talking book in the talking book library there will be ten or twenty or thirty printed books in the other library.

7.2. It is this very situation that first caused the author to think in terms of international exchange, and the more one thinks in terms of the possibilities of international exchange the easier it is to appreciate that it is only by means of a vigorous international exchange programme that any talking book library will be

able to increase the number of titles on its shelves significantly in a relatively short space of time.

7.3. The advantages of international exchange are many. Listed hereunder are those which are unarguable.

7.4. The cost of copying a book that has already been recorded is negligible in relation to the cost of producing the same book.

7.4.1. The time taken to copy a book is negligible in relation to the time taken to produce the same book.

7.4.2. International exchange at best would mean no duplication of resources. Why use up time, manpower and finance to produce a book that has already been adequately produced by someone else.

7.4.3. Through the medium of international exchange libraries will be able to build up collections

of books in foreign languages for minority groups in their countries. This must surely be a tremendous advantage - particularly if the acquiring library would otherwise be unable to produce books in the particular foreign language.

7.4.4. In most countries there is published on a regular basis a great deal of indigneous literature which, by its very nature, is often not published on a world-wide basis. Through the medium of international exchange there must surely be tremendous possibility for the exchange of inter-cultural communication by means of this indigenous literature.

7.4.5. One of the main objections to international exchange is that an accent which is acceptable in one country may be unacceptable in another. On the contrary it is submitted that international exchange will provide the users of talking books with the opportunity to adapt to and become familiar with different accents. In any event, it is surely axiomatic that most people would prefer to have a talking book read by someone

with an accent they do not like than no book at all.

7.4.6. Once there is a meaningful rate of international exchange, standards of production are certain to improve as source libraries will aspire to new heights of professionalism.

7.4.7. The undeveloped countries of the world will undoubtedly be able to benefit considerably from international exchange as will students who so often require textbooks in a hurry.

7.4.7.1. Maybe the time has come for someone to undertake the compilation of an international bibliography of textbooks and information for the benefit of students all over the world.

8. DELAYS

8.1. A practical problem with international exchange which is never likely to disappear is that element of urgency which is usually only on one side. By that what is meant is that it is the acquiring library which usually requires a particular book urgently and in relation to any

request for a book there is no corresponding element of urgency on the part of the source library.

8.2. Delays must be minimised, and if international exchange is to succeed and be encouraged, then it is imperative that those libraries which will be doing most of the lending co-operate to the full in order to ensure that there are no undue delays.

8.3. Surface mail is very slow indeed and it is accordingly recommended that wherever and whenever possible, use be made of air freight services in order to minimize delays.

8.3.1. Although the cost of air freighting a talking book is not unduly high there may well be merit in a co-ordinated approach to the International Air Transport Association to consider a special rate for the transport of talking books for use of blind and print handicapped individuals.

9. COSTS OF INTERNATIONAL EXCHANGE

9.1. An obvious question which has to be considered in relation to international exchange is the costs which will be incurred by the source library and the acquiring library.

9.2. What this cost is depends upon whether the tapes sent to the acquiring library are returnable or not.

9.2.1. If the tapes are returnable then clearly the costs involved in any single exchange are minimal.

9.2.2. The contract annexed to this paper provides for the initial copy of the talking book to be sold by the source library to the acquiring library. In this event all such sales should wherever possible be at cost or as close to cost as possible.

10. MARKINGS OF BOOKS ACQUIRED IN TERMS OF INTERNATIONAL EXCHANGE PROGRAMME

10.1. It is proposed that libraries should show in

their catalogues the names of the producers of all books emanating from other libraries through the medium of international exchange. If this is done consumers who might object to accents with which they are unfamiliar will be able to avoid such accents by reference to catalogues.

11. CONCLUSION

11.1. If one accepts that international co-ordination of Library Service for Blind and print handicapped individuals is desirable, it necessarily follows that international exchange of talking books should be pursued actively because of the many benefits it affords.

11.2. The interest of Tape Aids for the Blind in international exchange was born at the RTLB Congress in Copenhagen in 1979.

11.3. Until or about August 1980, when a new division was created to deal with national and international

exchange, the interest was pursued in a somewhat casual manner.

11.4. Nevertheless during the 1980 calender year Tape Aids for the Blind copied 73 talking books - 30 from another library in South Africa and 43 from other libraries in other parts of the world.

11.4.1. In 1981 there was considerable improvement. The number of talking books copied increased to 389 made up as follows -

copied from other libraries in South Africa	169
copied from overseas libraries and other overseas sources	220
	389

In addition Tape Aids for the Blind produced 646 new talking books in its own studios so that during the 1981 calendar year the number of titles on its shelves increased by 1015.

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3. COPYRIGHT AND MATERIALS FOR THE HANDICAPPED by Francoise Hebert and Wanda Noel.

PD/jfg
82-05-10

A G R E E M E N T

between

THE ACQUIRING LIBRARY ("AL")

and

THE SOURCE LIBRARY ("SL")

on the Acquisition of Recorded Books
for the Blind and Print Handicapped
individuals.

1. PURPOSE OF THE AGREEMENT

1.1. The purpose of this agreement is to define the conditions under which AL may obtain talking books produced by SL for the exclusive use of persons unable to read print because of a visual or print handicap. (Appendix A)

2. TALKING BOOKS SUBJECT TO THE TERMS OF THIS AGREEMENT

2.1. Talking books published by SL are subject to the terms of this agreement.

3. TALKING BOOKS

3.1. Written permission from the copyright owner shall be obtained by AL and presented to SL before the talking books will be made available. A specimen copy of AL permission form is attached. (Appendix B)

3.2. A copy of the permission request form shall be forwarded to SL at the time of request to the copyright owner.

3.3. Copies of talking books may be circulated directly, and only without charge to eligible readers, as defined in Appendix A.

3.4. Copies of talking books may be made available by AL to third parties such as public libraries, for circulation without charge only to eligible readers as defined in Appendix A. Such copies shall carry a printed, embossed and/or recorded notice as appropriate that their use is restricted, at no charge, to handicapped individuals.

Third parties shall be required to maintain a file for each borrower subject to inspection, which shall include certification from a competent authority that the borrower is unable to read print because of a physical handicap.

3.5. Copies of talking books shall not be re-distributed outside of the country of AL.

4. DURATION OF THE AGREEMENT

4.1. This agreement is effective from through

Accepted for:

_____

Date

Accepted for:

_____

By

_____

Title

_____

Date

A P P E N D I X " A "

USE LETTERHEAD OF AL

Here set out extract from constitution of BL in order to show that AL is an organisation whose object is to provide talking books for blind and print handicapped individuals.

A P P E N D I X " B "

USE OF LETTERHEAD OF AL

NAME OF BOOK:

AUTHOR:

PERMISSION REQUEST

AL wishes to obtain a special formal edition of the above title originally transcribed by in accordance with the following conditions:

1. The book will be reproduced onto cassettes requiring special playback equipment and loaned directly by AL only to blind and print handicapped persons.

2. The talking book will be duplicated onto cassettes and made available for loan without charge to blind and print handicapped persons. To protect the copyright owner AL has agreed to restrict circulation of talking books to its members all of whom are and will be persons unable to read conventional print because of visual or print handicap.

Publisher information and full acknowledgment of the copyright notice will be made as it appears in the print edition. Your co-operation in helping to make this material available to those who cannot read is sincerely appreciated.

Permission is granted in accordance with the terms stated above.

_____
Signature

_____
Title

_____
Date

réseaux
48e conférence générale de l'IFLA – Montréal
22-28 août 1982
Fédération internationale des associations
de bibliothécaires et des bibliothèques

networks
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International Federation of Library
Associations and Institutions

1982

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IFLA GENERAL CONFERENCE MONTREAL 1982

Division:

Section: Library Services to Hospital Patients
and Handicapped Readers

The Deaf Patron and The Library

by

Karen Ann Hopkins
Manager of Training and Media Services
Rochester Institute of Technology/
National Technical Institute for the Deaf
Rochester, New York, United States

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The Deaf Patron and The Library

Hearing impairment is the most prevalent handicap in the world today, yet because it is an invisible handicap, service to this group has long been overlooked. The deaf population has the same need for information as the hearing population, but the deaf generally do not look to libraries as an information source.

This paper suggests how librarians can begin to serve these prospective patrons. Offer free use of the library meeting room, develop special bibliographies of appropriate high interest/low vocabulary level materials, circulate adapted media. Most of all work with the deaf community, not for them.

The Deaf Population

The most prevalent serious disability in the United States today is hearing impairment. Approximately 14% of the population is to some degree affected. There are many times more deaf people than blind, yet deafness continues to be the single most misunderstood handicap.

Although the hearing impaired population may be divided into a variety of descriptive categories, generally references are made to two divisions; the deaf and the hard of hearing. For the hard of hearing, the sense of hearing is defective, but functional for ordinary purposes. For the deaf, both speech and hearing are not functional for ordinary purposes. For the sake of this paper the terms deaf and hearing impaired are used interchangeably.

Contrary to the ever prevailing myth, deaf people can speak, but their voices have unusual sound characteristics, and often speech is unintelligible to the general public. Since deaf people cannot hear their own voices, they often have inappropriate pitch or volume control, thus some prefer not to use their voice.

Others do speak and after a while, as with listening to someone with an accent, the hearing person develops an ear for understanding the impaired person.

Moreover, the hearing impaired have normal intelligence. They are people of all ages, races, and nationalities. They have all levels of educational backgrounds and come from differing political, social, religious, and economic perspectives. Deaf persons are more like you than unlike you.

Serving the Deaf Population

While most hearing individuals in the United States know how to access libraries as sources of information as well as pleasurable reading, this is not true of the hearing impaired population. Oftentimes the hearing impaired were never taught to use the library when they were children, thus, today do not think of the library as an information source. Many deaf people love to read, but do not turn to the library to borrow books. Instead they buy books and read at home for this can be done without interaction with hearing librarians, without having to feel less than adequate in maneuvering through library reference tools.

For a librarian to serve the hearing impaired population, several key concepts must be understood. A librarian must be aware of the deaf culture--have some knowledge of the language, the social, and the psychological impacts of deafness. Deafness may be an invisible handicap, but its long-term crippling effect is immense. Librarians must understand that deaf persons have third to fifth grade level of reading skills. Yet, they still have the same need for materials that reflect knowledge of our world, from legal advice, to job information services, to consumer reports. Libraries have a responsibility to strive to fulfill that need.

Deaf persons communicate with one another and with the hearing population using a variety of different approaches. One person may use indigenous sign language known as Ameslan and another Signed Exact English, the hearing population's language. Both rely heavily upon nonverbal communication to assist in conveying the message. The librarian cannot be expected to know sign language, especially if he has few deaf patrons. Yet he can be expected to strive to communicate utilizing every possible strategy to be understood by and to understand the deaf person. Speak slowly and distinctly, but don't exaggerate your speech.

Keep the natural rhythm. A deaf person cannot lipread over-emphasized lip movements. Watch the nonverbal feedback. If you are not verbally and nonverbally understanding one another, try writing your message. Use whatever means is possible, but try to communicate with one another.

Serving the hearing impaired population is not an easy task. It should be an outreach function of any library. Deaf persons have not been brought up from childhood actively using the library. Therefore, deaf persons are unaware of the many services a library provides to the hearing population. The librarian must work with the leaders in the deaf community, setting up programs with them, not for them. Deaf persons tend to go to places where their deaf friends go. If your library has a meeting room, offer it for use by deaf community groups. This is one way of encouraging deaf people to use the library. With time, you may be able to encourage the deaf participants to borrow materials and seek out information, but move slowly. If captioned films and videotapes are available, show them in, or loan them from the library. Non-print materials are of primary interest to this audience.

Additionally, a librarian serving the deaf should prepare bibliographies of high interest, low vocabulary level materials. Of special interest to the hearing as well as hearing impaired, are books centering on deaf people in literature and biographies of deaf individuals. Never overlook the fact that parents of deaf children, especially hearing parents, need a collection of information on everything from audiograms, to hearing aid use, to the promotion of the emotional development and well-being of their deaf youngsters.

The Professional Organization

Four years ago librarians in America formed a section within a unit of the American Library Association specifically to promote Library Service to the Deaf. Six hundred members strong today, they are striving to foster deaf awareness particularly within the library community, but within the deaf and hearing community as well. They offer programs at annual conferences, each year focusing on serving a different segment of the hearing impaired population. The Library Service to the Deaf section encourages employment of and career opportunities for deaf persons in libraries.

They work with publishers and media producers promoting the development of appropriate materials for use with deaf audiences.

A semi-annual newsletter reviewing print and non-print materials about deafness and related areas is provided to all members. It is their hope to foster accurate portrayals of deaf individuals in all mediums, something which has been sorely lacking in the past. Library Service to the Deaf section members serve as resources to one another and to those librarians who are establishing deafness collections and commencing to serve the deaf.

It is our hope that in years to come, this most overlooked of all handicapped populations will look to libraries for fun and information.

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1982

IFLA GENERAL CONFERENCE, MONTREAL 1982

Division: Libraries Serving the General Public

Section: Joint meeting of the Round Table of Libraries for the Blind and the RT on Audio-Visual Media

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161-RE

PUBLIC LIBRARY SERVICES FOR THE BLIND AND WEAK-SIGHTED FROM A CENTRAL LIBRARY POINT OF VIEW

by

Winnie VITZANSKY , Deputy Director
The Danish State Library and Printing House for the Blind
(Copenhagen, Denmark)

Meeting 161
SI ~~yes~~/no

Public Library Services for the Blind and Weak sighted from a Central Library Point of View.

To enable us to discuss the library services for the blind and visually impaired I think it is worth - while to spend some time looking into the differences between this kind of library service and the ordinary library service.

I will only call attention to a few main points, which are

- the necessity for blind people to have information "transcribed" into a media they can use, for instance braille or recorded material.

- the dependency on out-reach-service from the library, as blindness combined with for instance old age creates the problems as does a motor-handicap.

Therefore, let us start looking into the problems of building up collections of the above mentioned medias, and then we will turn to the structure of the library services necessary to fulfil the special needs of the blind and visually impaired.

Braille.

The most important step towards developing library services to the blind was taken, when Louis Braille in the early nineteenth century created the braille writing system. Most libraries for the blind started as small braille libraries, and they were faced with the problem which has followed us ever since : They could not go to the bookshop and buy their books; they had to produce them themselves.

I don't intend to go into many details about the braille history, as it is a joint meeting with the round table of AV-Media . But we cannot talk about library services to the blind without mentioning braille. To me the braille libraries are extremely important.

First of all the braille book is a book to put it in a popular way. It can be structured like an ink-print book, you can turn over the leaves the same way you do in an ink-print book, and the blind person gets very close to the experience a sighted person gets from an inkprint book. Furthermore braille is the only possible way of giving the deafblind access to information.

But we must admit that the braille book also has got many disadvantages. To read it it is necessary to know the braille alphabet, and only a minor percentage of the blind does. Braillebooks are clumsy, they take up a lot of space, and with traditional printing techniques they are expensive to produce. But some of these factors are changing due to computer technology. The production of braille will become faster and cheaper, and as many of the new technical aids for the blind are based on braille we expect a more extensive use of braille in the years to come. This change shall be most wellcome.

To illustrate the use of braille in the library I represent, The Danish State Library and Printing House, I will give you a few figures :

The braille-book library has got 200 borrowers, our most popular braille-periodical has got 700 subscribers. This should be compared to our talking book library, which has got 8.000 borrowers.

Recorded Materials.

The recorded materials are compared to braille a new phenomenon. They have been technically possible since the invention of the phonograph by Edison in 1877, but the materials were not widespread until the 1930's. In Scandinavia the libraries for the blind did not start producing talking books until the 1950's.

With the introduction of the talking book a new era in library services to the blind had arrived. As the talking book does not require any specific skill by its user, the libraries suddenly were able to reach lots of potential users, not only among the blind and visually impaired, but also among other groups of handicapped. But the talking book has got its disadvantages, too. To name one, it is necessary to have a narrator between the text and the reader. Furthermore it is difficult to structure the talking book, the way the ink-print book is structures. To put it a little roughly the

talking book is a substitute for the printed book, the braille book is another way of printing the book. And then there is the practical problem : Whether we talk about disc, open reel or cassette recorded material, it is necessary to use playback equipment. Still, the importance of the talking book in creating a better library service to the blind cannot be questioned.

Newspapers and periodicals.

So far I have more or less explicitly talked about the possibilities of transcribing books into special reading media. But in the distribution of information the newspapers and periodicals play an increasingly important part. To take an active part in a rapidly changing society it is necessary to be informed of the present debate, and this applies to sighted as well as blind persons. But to transcribe this kind of material presents many problems, for instance the necessary speed - old news are not very interesting - and the enormous daily quantity.

Copyright.

Another obstacle to develop and lend collections of materials for the blind is the varying copyright legislation in the different countries. I am not going to discuss the problem here, but will refer to the elaborate study by Françoise Hébert and Wanda Noel: "Copyright and Library Materials for the Handicapped". New York: Saur, 1982.

Financing the production of materials.

The most essential problem in providing the necessary materials for creating a library service to the blind and visually impaired is: How to finance the production ?

As the market for braille-and talking books has either been not sufficiently big or not sufficiently able to buy, there has not - at least not to any great extent - existed a basis for a commercial production of these materials.

Therefore - as I have mentioned before - the libraries for the blind have been obliged to take care of the production of materials either financed at the public or the private expense or at a combination of the two.

Usually the financial resources spent on library services for the

blind have been very limited. The concept of "Full Participation and Equality" of the handicapped certainly has not been accepted by the authorities granting the money for this purpose.

As a result the libraries for the blind have not been able to build up sufficient collections of materials. Whether we are talking about books or about newspapers and periodicals, we are not able to offer the blind person what the tiniest public library as a matter of course offers the sighted person. Furthermore, the blind is absolutely dependant on the library, as he is not able to go to the local bookshop and buy what the library for one reason or another has chosen not to produce.

How do we get out of this situation? I believe we have got two main strategies to improve the situation :

- influence the public opinion in such a way that a political pressure secures the necessary money for this library service plus securing an efficient distribution of the existing material.

- enlarge the market, e.g. by making other potential users (all kinds of reading impaires, longdistance drivers, etc.) aware of the possibilities of the talking book. Thereby it might be possible to create a commercial production.

But regardless of which strategy we choose it will not be possible to transcribe the enormous amount of information available in print to the special reading medias.

Therefore it is desirable to combine an enlarged production with an individual transcription service so that any blind person has a right to have any wanted material transcribed when ever necessary.

<u>The structure of the library services to the blind and visually impaired.</u>

We have looked at the materials necessary to provide blind with a libraryservice, and we have considered some of the problems in getting them; let us now turn to the structure of the library service and the discussion of how we best lend our few materials to most people.

<u>History.</u>

Library services to the blind has very often been introduced by

associations of the blind or charity organisations. Usually it was small braille libraries with a centralized service to the readers.

With the appearance of recorded material an immense expansion started. In 1955 before the introduction of talking books in Denmark the Danish Library for the Blind had only a few hundred borrowers. Ten years later the number of borrowers had grown to 3.500. In many countries this boom has coincided with a fast development of the public libraries, a development which has produced the result that the libraries have got both new medias (e.g. audio-visual medias) and new targetgroups through the out-reach-service.

At the same time a new awareness arose in the handicapgroups. They demanded equal rights, equal possibilities, and integration in the society. And to use one's local public library - even if you are a blind - is a step towards equality and a step towards full participation in the society.

Therefore, the necessary conditions for decentralizing for instance the talking book lending in many places were present.

What attitude did the central libraries for the blind take in this situation ? There is no common answer to that question. To my opinion we should not talk about an "either - or" but about a "both - and".

The division of labour between the central library for the blind and the public libraries must be designed according to an evaluation of where each of them has got its strength, in order to create the best possible library service to the blind with the existing resources.

The main point in a well-functioning division of labour is a smooth co-operation between the two parties

- practically based on up to date catalogue information and inter-library loan.
- ideologically on the concept that whether we are working in a public library or a library for the blind all of us should fight for the mutual cause of improving the blind persons' access to information.

<u>The Danish example.</u>

I will try to illustrate these reflections with some Danish facts and experiences.

The library service to the blind in Denmark was originally started at a private initiative, but as early as 1924 the government (more precisely the Ministry of Social Affairs) took over this braille library and from that time library services to the blind have been publicly financed.

The library for the blind started talking book production in open reel in 1956, and to-day the situation is as follows :

The Danish State Library and Printing House has got 3 libraries :

A braille-music library with 4.600 titles and 100 borrowers.

A braille-book library with 4.000 titles and 200 borrowers.

A talking-book library with 4.000 titles, 8.000 borrowers and an annual lending of a quarter of a million books. From 1.7.1982 all talking books will be in compact-cassettes.

Further more the library publishes and circulates a number of periodicals and newspapers in as well braille as cassettes.

The annual production is 100 braille-titles and 400 talking-book titles.

This central service is supplemented by a schoollibrary in the Institute for Blind Children and a students' library in the Institute for the Blind, both of them producing and distributing braille-and talking-books.

Up to 1976 this central library service was the only library service for the blind. But in the early 1970's a debate started among librarians in the public libraries, discussing the necessity of an improved library service to the blind and the obligation for the public libraries to serve the handicapped. This made The Danish Library Bureau start talking book production for the public libraries in 1976. The first couple of years only as copy production from the masters of the library for the blind, later also as masterproduction.

At the same time several commercial publishers started talking book production.

Now, only 6 years later, 205 public libraries out of total of 247 have got talking book lending. 500 titles have been produced from the Library Bureau and approximately the same number has been published by the commercial publishers.

The annual production in the Library Bureau is 150 titles.

This development has influenced the central library for the blind, too. In this period we have replaced our open reel production facilities by compact-cassette production facilities, and during the past 3 years the Talking Book Library has doubled its lending. The current debate in the blind circles has spread into the world of the public libraries, where it has caused deserved indignation : It could not be right that the blind should be content with only this small percentage of information compared to what was available for the sighted. As the danish society at the same time was in the process of decentralization it was obvious that the central library service for the blind also should be decentralized, but the question was : How and to what extent ?

As part of the preparation for a new danish library legislation the Minister of Culture in April 1981 appointed a committee which should make a report of the future structure of the library service to the blind and visually impaired. Library inspector Jes Petersen was appointed chairman of the committee and in this committee the central library for the blind together with the Danish Association of the Blind and the two institutes for the blind advocated the following principal ideas :

- the main problem in library service to the blind is <u>not</u> who is providing the service, i.e. whether the service is a central one or a decentral one. The problem is that the library system (both the central library for the blind and the public libraries) has not got enough books to serve the blind readers.

  An enlarged title-production is the basis for an improved library service.

  We are now back to the problem of which strategy to choose to get an enlarged production, and we are in favour of strategy I : To raise more money for a public production. We should appreciate an increasing commercial production, but our judgment is, that at this time it is too uncertain to rely on an enlarged commercial production to solve the problems, as to braille it is not possible at all.

- Any blind should have the choice between central

and decentral service. To make this choice a reality all public libraries must stock talking books.

In that case the blind person will be able to utilize the advantages of the local library, which are : direct contact to professional librarians, the wide range of arrangements in the library, better integration in the local society; in short : full participation and equality. That is, if the blind can visit the library. But for many blind that is not possible. In the danish library for the blind 75% of the borrowers are older than 75 years. The combination of old age and blindness often result in the same problems as does a motor-handicap. Therefore the majority of the blind people depend upon outreach-service from the library. The out-reach service from the library for the blind is very efficient and very well - functioning. Many danish public libraries so far have not established an out-reach-service, and among the existing ones the quality is most varying. So even if we do hope that a new library legislation will make out-reach-service compulsory to the public libraries, it is a crucial point for both the association of the blind and the library for the blind, that the individual blind person should be allowed to choose for herself, where she wants to borrow her books.

- It is essential that the existing resources are used in the most efficient way.

To make that possible we must build up

- smoothly working systems of interlibrary loan, both nationally and internationally, based on the concept of using the most direct link between the reader and the book.

- up-to-date and comprehensive catalogues. Whenever possible by direct computer based access to all catalogue data.

Another aspect of using the resources in an efficient way is the fact that decentral service depends on decentral information but only to some degree on decentral collections of materials. What I mean is, that for instance the size of the talking book collections in the single public library must be considered carefully. In Denmark we have 10.000 legally blind persons. Even if we double the figure to make sure that we take into account for example the physically handicapped, It only brings us to 20.000 persons to be served by the appr. 250 public libraries. This leaves an avarage of less than 100 potential users of talking books per library.

The Association of the Blind and the Library for the Blind are worried that financial resources from the public will be spent on unused copies of talking books in stead of on an enlarged production of titles.

As a result of these ideas we suggest a division of labour between the library for blind and the public libraries as follows :

The central library for the blind

act as national central library for the blind.
lend all kinds of special reading materials to the blind

lend all kinds of special reading materials to the public libraries

arrange international loan.
in-charge of publicly financed production of all kinds of special reading materials.

Public Libraries

lend talking books from own collections to the blind

arrange loan of all kinds of special reading materials from the central library for the blind

produce and distribute recorded local newspapers.

establish individual recording service.

These broad outlines of a structure are one way to divide the labour. There are many other possibilities.

But whether we choose one structure or another we must be aware that we are in the middle of a very fast technological development, which all the time changes our premises - especially concerning blind peoples' access to information. Therefore, whether we are

working in a central or a decentral library system it is necessary to be open-minded, flexible and ready to change our points of view.

It is important to design a good library structure, but it is even more important that we co-ordinate our efforts to make full access to information a realistic possibility for blind people.

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réseaux
48e conférence générale de l'IFLA – Montréal
22-28 août 1982
Fédération internationale des associations
de bibliothécaires et des bibliothèques

networks
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International Federation of Library
Associations and Institutions

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48th IFLA Session, Montreal, August 1982
Division of libraries serving the general public
Section of library services to hospital patients
and handicapped readers
Round table of libraries for the blind

WORK ON BIO-BIBLIOGRAPHICAL INDEX "THE BLIND IN LIFE AND WORK" (progress report)

D. S. ZHARKOV

Director of the Republican Central
Library for the Blind of the RSFSR

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D.S. Zharkov
Director
Republican Central Library for
the Blind of the R.S.F.S.R.

A paper presented at
48th IFLA Session
Work on Bio-Bibliographical Index
"The Blind in life and work"
(Progress report)

Decision on establishing an international bio-bibliographical book " The Blind in Life and Work" was unanimously adopted at the 43rd IFLA session in Brussels in I977.

The 44th IFLA session in Strsbskc Pleso in I978 approved a draft prospectus of the Project of an International Bio-bibliographical Dictionary combined by the USSR representative D.S.Zharkov and the representative of Canada Paul Thiele. At the 45th IFLA conference in Copenhagen in I979 biobibliographical committee responsible for preparing a biobibliographical index was established. At the 47th IFLA conference in Leipzig in I98I Chairman of the Committee Mrs.Marion Loeb put forward recommendations and suggestions on the preparation of this issue. Among other things Mrs.Loeb suggested publishing a biographic reference book instead of a bio-bibliographical index. As this proposal means changing the character of the publication the Republical Central Library for the Blind (RCLB) considers it necessary to bring forward a series of comments and proposals of principal character to the sugges tions of the committe that Mrs.Marion Loeb has sent to the RCLB.

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Purpose of the index

I. The Republican Central Librar for the Blind considers the character of the publication is not that of a mere biographical reference book,it is a bio-bibliographical index reflecting alongside with brief biographical outline the most significant published works of the blind and literature devoted to their live and activities.

Publication of bibliographical indices is the direct function of libraries. Publication of biographical refrence books is the duty of other organizations.

2. We are firmly convinced that the purpose of the international bio-bibliographical index is wider than mere popularization of successful work of blind people in various fields of activity. Besides the purposes determined by Chairman of the committee the RCLB suggests including the following:

- providing a guide to biographies and bibliographical sources on blind to literature specialists,art specialists,historicians and individuals whose sphere of activity includes rehabilitation of blind persons,their employment,education,cultural and enlighting work among visually handicapped and other aspects of social rehabilitation.
- facilitating organization of reference and bibliographical work both in special and scientific libraries.

The Index includes:

I) personalia of the most understanding blind persons (congenitally blind and who have lost their sight before the age of 50 and have not ceased active creative activity) of the XX-th century regardless of the field of their creative activity,whose names are well-known not only in their homeland but also abroad.The other conditi-

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on for their inclusion is the availability of substantial quatity of publications of these persons in translation into foreign languages ,as well as publications devoted to these persons in the form of individual books and articles from major publishing houses or journals.The R.C.L.B. considers that inclusion of persons who have lost their sight after the age of 50 is inexpedient as our experience shows that the creative legacy of people who have become blind at that age or later mainly consists of work written and published before the lost of sight.

From our point of view the index should include the following information about each person:

-biographical outline(with a photograph of a fixed form and size)

- list of works published in the original and in translations including publications in periodicals.

- list of literature (monographs,brochures ,articles) devoted to life and activity of the person.

- bibliography of his works and literature about him (bibliography of bibliography).

The availability of all these components .. will give the opportunity to reflect in plenitude and in the most many-sided way life and creative activity of each person and undoubtedly it will raise the scientific value of the publication.

Organization of preparation of the index

Jugding from the fact that in the process of preparating the publication of an index of similar character national bibliographical centres and libraries shoull activizate their activiting on gathering bibliographical sources, their classification and publication of national bio-bibliographies of outstanding blind persons in their homelands . The Republican Central Library for the Blind suggests establishing national committees and working groups res-

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ponsible for preparing the publication of a national bio-bibliographical index in each country.These working groups will determine the time of the publication of the index in their home-land no later than December 1982, organize translation of these materials into English and send them to The Division of National Library Service for the Blind and Physically Handicaped Library of Congress Wich serves as the head-quarters of the committee responsible for the preparing the publication of the issue of the Round Table of the Libraries for the Blind IFLA.

Only such organization of work can ensure successful publication of the index.

We are deeply convinced that by means of the questionaire method of gathering materials .. suggested by the committee the required plenitude of the reflection of materials on each country can not be achieved.

The R.C.L.B. that in accordance with The Status adopted by the government of the Republic functions as the national committee responsible for preparing the publication of the index in our country.. We can represent a list of persons for inclusion into the international index and other materials concerning them in the Russian and English languages.

Structure of the Index

We consider that the index should consist of several volumes each volume including representatives of one profession or field of aotivity (writers,musicians,sculptors,scientists-mathematicians, scientists-historicians etc).In this case the issue will include a geographic index. The U.S.S.R. has some experience in preparing similar publications.The index in four volumes has been issued in our country:

The blind men of science and culture: Bio-biblio-

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graphical Index - Moscow, I97I -

Vol.I[I] Blind writers.-Moscow,I97I.-4I9p.

Vol.2Blind men of art.- Moscow.I973.- 284p.

Vol.3 Blind public figures Typhlologists(Specialists on Typhlology).-

Vol.4 Blind scientists.Rationazers and inventors. - Moscow, I98I.- 407p.

In the index the materials are placed in the alphabetical order (the alphabet of names).Inside each bibliographical entry the materials are placed in the following order: a biographical sketch, list of published works in accordance with the chronology of their publications and - literature about him also in chronology.

Two years ago the first three volumes of the index were sent out to libraries and organizations (of and for blind) of all over the world.In May I982 the 4th volume was also sent out.Thus our colleagues have them at their disposal and can analyse the methodics of its compilying.

Language of the publication

The index is to be published identically in four international languages: Russian, German, French and English.

Publisher

Financing of the publication on of the international index will be carried out within the framework of U N E S C O.

[I] Vol.I was published under subheading "Bio-bibliographical Dictionary"

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RECENT ADVANCES IN LIBRARY SERVICE FOR THE PRINT-HANDICAPPED IN JAPAN

by

Hiroshi KAWAMURA

Committee on Library Service for the Handicapped

Japan Library Association

and

University of Tokyo Library

Japan

Meeting
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RECENT ADVANCES IN LIBRARY SERVICE FOR THE PRINT-HANDICAPPED IN JAPAN

by Hiroshi KAWAMURA

In October 1981, Annual Conference of Japan Library Association adopted a resolution titled "To Solve the Copyright Problem".

This resolution was the reflection of the important steps achieved in IYDP 1981 toward establishing a nationwide network library service for the print-handicapped in Japan.

The National Diet Library began to compile the National Union Catalog of Braille and Recorded Books. National Council of Social Welfare Institutions for the Blind (Nihon Mojin Shakai Fukushi Shisetsu Kyogikai: "Nichimo Shakyo" in short) declared "Agreements on Inter-library Loan of Special Format Materials for the Print-Handicapped". Japan Library Association held an international exhibition of technologies related to library service for the print-handicapped and also invited Mr. H. B. Paris, the Chief of Materials Development Office of NLS/BPH, to present lectures on RTLB activities as well as network library services in U. S. A.

Numbers of local libraries, of course, extended their services to the handicapped readers in 1981.

I cannot even count out such advances achieved in last year.

In March 1982, the National Diet Library published its first National Union Catalog of Braille and Recorded Books in Japan which contains the materials for the visually handicapped newly produced in the period of January-June 1981.

It contains 843 Braille titles and 1,284 recorded titles of 39 libraries for the blind and 11 libraries serving to general public.

Today, we can produce more than 4,000 titles per year.

Nevertheless, I should say that the print-handicapped readers in Japan still now have very limited access to books and informations on account of various barriers.

There is a legal barrier---the copyright problem.

Libraries, except for "Braille Libraries", are obliged to obtain permission to produce recorded books from the copyright owner by the Copyright Law. In addition, the permission usually has various limitations; for instance, within certain area, nonprofit purpose only, within a few years, only for visually handicapped and so on. Although over 90% of the copyright owners gave permission to produce recorded books, according to our investigation, it took 2 to 73 days to get permission. Furthermore, about 10% of the copyright owners did not even answer to libraries within several months.

Evidently, the recordings urgently needed by students never meet the requirements of Copyright Law. This is the primary reason why university and college libraries in our country hesitates to treat recorded books as library resources and would not join the nationwide network library service to the print-handicapped although there are at least 100 visually handicapped students as well as several blind professors in universities and colleges. Consequently, the first National Union Catalog of Braille and Recorded Books in Japan could not contain the academic and professional titles held in university and college campuses. But, considering the demands of a blind student, University of Tokyo Library is now going to take initiative to join the

network.

It is sad to say that many libraries shrink from the responsibility to serve the print-handicapped because of the troublesome procedures of obtaining permission to produce a recorded book.

To change the situation, Committee on Library Service for the Handicapped of Japan Library Association ("CLSH" hereafter) expressed the opinion to Subcommittee 5 of Copyright Council (Subcommittee on Home Taping) in July 1979. The Japan Association for the Advocacy of Right to Read of the Visually Handicapped (Shikaku Shogaisha Dokushoken Hosho Kyogikai: "Shidokkyo" in short) also expressed their demands to the Subcommittee 5 in February 1980.

A research report of CLSH titled "Facts on recording service: a report of investigation" shows the fact that the Copyright Law evidently prevents libraries serving general public from offering an effective network library service for the print-handicapped.

As for the Braille, in the near future, when the blind people enjoy reading cassette Braille books, copyright problems may also occur in Braille production although at this moment Braille transcription is permitted freely by the Article 37 of Copyright Law.

The Copyright Law exempts Braille transcription from copyright only because Braille production is now insignificant and nonprofitable. Technical innovations will certainly change the situation of Braille production.

It is said that 40,000 blind people out of 400,000 visually handicapped in Japan can read Braille. Volunteers usually emboss Braille dots on both sides of paper to minimize the size of Braille

books. These Braille books cannot be duplicated. Therefore, we have only one copy of hand Braille titles even if we could find out the requested title in the National Union Catalog. I believe that Braille readers eagerly look for the new technology.

But, if we can duplicate hundreds of copies easily, the exemption must be reexamined.

Thus, we must solve the copyright problem as soon as possible.

The Subcommittee 5 reported in June 1981--"It is said that the problem of the visually handicapped is so important that WIPO and UNESCO hold international meetings on the problem, and that we must pay attention to the international trends of this problem".

The second barrier to effective network library service for the print-handicapped is the problem of uncontroled technical innovations.

In our country, almost all libraries serving for the print-handicapped use 2 track 4.8 cm/sec (1 7/8 ips) compact cassette. Only Japan Braille Library (Nippon Tenji Toshokan), the largest "Braille Library" in Japan, uses 2 track 2.4 cm/sec (15/16 ips) compact cassette Recording time of cassettes vary from 60 to 120 minutes.

On the otherhand, there are large stacks of reel to reel tapes in libraries serving for the visually handicapped. Print-handicapped readers need to be furnished with two or three kinds of tape players.

The proposal to adopt 4 track 15/16 ips compact cassette as the international standards caused some discussion in our library society.

The proposed standards requires special playback machines although it is cost saving in both production and storing of recorded books. There

are three problems. First, how can we get funds to replace equipments Second, whether adquate after-sales service can be obtained or not. The last problem is, although we know that it may be the most realistic solution of the copyright problem, whether we should choose the "closed system" for the print-handicapped or not. The proposed standard recorded book connot be heard completely with ordinary commercially available tape recorders.

We cannot reach to the recommendable standard format of recorded books in Japan still now. We ought to evaluate several alternatives including micro-cassette whose quality is rapidly improved.

In November 1981, Mr. H. B. Paris visited headquarters of SONY Corporation and Matsushita Corporation (known as PANASONIC) in Japan to encourage them to produce cassette players compatible to 4 track 15/16 ips standards. As far as we know, SONY has already made a prototype light weight model based on its "Walkman" for NLS/BPH. This prototype is also compatible to ordinary cassette books. We hope tape recorder makers in the world assume their responsibity to contribute to the print-handicapped in the world.

Committee on Library Service for the Handicapped once decided to import NLS cassette players made by Telex Corporation only to meet the growing demands of blind students and professionals to read cassette books recorded in U. S. A. But, as we could get information that "pich controle system" would be stored in the new NLS cassette players before we could clear the troublesome procedures of import, we postponed importing NLS cassette players till we could evaluate the new

technology. Recently, we decided again that we should wait a few months because we might buy cassette players compatible to American Standards in Japan.

As stated above, there exist a lot of important informations concerning to library service to the print-handicapped. CLSH/Japan Library Association established the Working Group on Evaluation of Technologies in 1982 for collection, evaluation and international exchange of information in this field. The primary purpose of the Working Group at present is to evaluate the paperless Braille system. Owing to favorable assistance of NLS/BPH, Working Group experimented on adaptation of VersaBraille P1 cassette Braille machine to Japanese Braille. Fortunately, supported by Marubeni Foundation, Japan Library Association will obtain another cassette Braille machine for evaluation.

As for the paperless Braille system in Japan, as far as I know, there are several commercially available systems. But they do not include a portable cassette Braille machine.

Our anxiety is that paperless Braille systems in the world are now going to repeat the mistake of uncompatibility. We should improve international exchange of information.

The key term to effective network library service for the print-handicapped in Japan is "coordination".

We produce more than 4,000 titles of special format materials for the print-handicapped every year. National Union Catalog of Braille and Recorded Books enables us to locate the title requested. Moreover

there is the "Agreements on Interlibrary Loan of Special Format Materials for the Print Handicapped" of Nichimo Shakyo. But, actually readers are obliged to wait a considerably long time before they can read. At present, libraries produce books upon request independently.

One of the most popular writer claims that too many libraries ask his permission to produce recorded books.

Lack of coordination wastes the time of readers, efforts of volunteers and limited resourses of libraries serving for the print-handicapped.

It is evident that coordination based on the national standards is keenly required.

Who can coordinate? How can we establish the national standards?

It is said that the national standards of library service for the print-handicapped must be conditioned not only by technological environments but also by political environments. We will be supplied with adquate resources to realize the standards only when the national consensus has been made.

The driving power to improve the library service is the needs of the readers. Print-handicapped readers should be involved in the activities.

CLSH has been supporting visually-handicapped readers groups to get informations on recent advances in the field of library service for the print-handicapped.

Shidokkyo, one of the member associations of Japan Library Association, sent its representatives to RTLB in Leipzig 1981.

And today, in Montreal, assisted by CLSH, the representatives of

Shidokkyo attend this meeting.

Shidokkyo and other handicapped readers demand that libraries should employ the qualified disabled persons as library professionals. There are a few visually handicapped librarians in public libraries serving for the visually handicapped. Hundreds of visually handicapped librarians are working in libraries for the blind. Not a few visually handicapped students learn library science.

Honestly speaking, there are a lot of barriers to the disabled in our society. Both National Public Servants Law and Local Public Servants Law indicate that the governments may discharge those who lost their ability to do their job because of mental or physical impairments against their will. To raise a discussion on this point, Shidokkyo translated A Librarian's Guide to 504; a Pocket Guide on Section 504 of the Rehabilitation Act of 1973 published by the U. S. President's Committee on Employment of the Handicapped in its journal.

Although there will be a lot of problems, the growing needs of print-handicapped readers will certainly lead to the coordinated network library service for the print-handicapped.

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IFLA GENERAL CONFERENCE MONTREAL 1982

Section: Library Services to Hospital Patients and Handicapped Readers

Patient Education and Health Outcomes: Implications for Library Service

by

J.G. MARSHALL
Librarian/Researcher
Programme for Educational Development

and

R.B. HAYNES
Associate Professor
Department of Clinical Epidemiology and Biostatistics
and Department of Medicine

McMaster University
Hamilton, Ontario, Canada

Meeting
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ABSTRACT

While there are many reasons for librarians to provide patient education services, the results of compliance studies point out the danger of relying on information provision alone as a predictor of improved health outcomes. It is recommended that librarians redirect their patient education efforts towards working with interdisciplinary health care teams that can provide effective approaches to changing health behaviors. Librarians also need to become more expert in the critical appraisal of biomedical literature, so that they can recognize high quality research and develop effective study designs to evaluate their own educational activities.

Looking historically at the role of the librarian in patient education, we can see that there has been a dramatic change in the last decade. Whereas in the past the librarian saw his or her role as the "guardian" of medical literature for the exclusive use of the physician, more recent trends in interdisciplinarity, consumerism, and patient advocacy have resulted in the development of a new philosophy. Many medical libraries have become interdisciplinary health sciences libraries serving various members of the health care team. Moreover, health sciences librarians and public librarians are examining their joint responsibility in providing consumer health information and specialized health information services for the public have emerged. I have been involved personally in the planning and evaluation of a clinical librarian service which includes a patient education component(1) and in teaching a course in patient education for the Medical Librarian Association.

Since gaining acceptance for this change in service philosophy has been an uphill battle for many of us, we have developed a belief in the concept of patient education that is based partly on a professional commitment to "freedom of access to information" and partly on a newly felt need to make a more direct contribution to the health care system. Despite the apparent nobility of these basic premises, it is important to come to terms with the reality of the situation with regard to the effectiveness of patient education. Since we are aiding and abetting the patient education cause through our continued interest in and practice of library support of such programs,

we must be prepared to defend our position and have a sound basis for our actions. This paper provides an opportunity to examine the issues surrounding the effectiveness of patient education and to speculate on the implications of our analysis for the future of library services.

First, a few definitions. I will refer to both patient information and patient education in this paper. Information refers simply to transfer of factual knowledge whereas education implies a more complex process in which this information is integrated into a person's thought processes and applied in some fashion. Although as librarians we often refer to our activities as "patient education", we are usually dealing only with the information provision stage of the education process. A distinction also needs to be made between health education, which deals with preventive health and lifestyle issues such as smoking, obesity, drinking of alcohol, etc., and patient education which implies that the person is being treated in a clinical setting and is receiving information directly related to a current health care problem. Since librarians are a part of the educational process and concerned about both health and patient education issues, we have not restricted this discussion to any one aspect. Nevertheless, one should be aware of these distinctions since they are important to keep in mind when looking at studies in the field.

In recent years there have been a disturbing number of journal articles and papers which have claimed that health and/or patient

education is not effective in changing health behaviors. Although one can argue that the state of the art of research in the field is not very high, the consistency of these findings is still a matter of concern. Of particular interest for librarians, is the finding that even if change in knowledge about a health issue or problem is achieved, this additional knowledge may not necessarily be related to any change in health behaviors. Since most evaluation studies of patient educations programs have used knowledge acquisition as an outcome measure, the realization that knowledge per se may not make any difference to actual health outcomes is distressing indeed.

There are many reasons for librarians and others to be involved in health and patient education, not the least of which is that patients, family members, and the general public have expressed a need for such services. However in these difficult economic times, we must carefully analyze our activities and put our scarce resources where they will do the most good. And what is "the most good"? Rather than focusing on short term goals such as knowledge gain, it has been argued that the important variables are actual health outcomes--whether or not people are generally healthier or get better faster or more easily as a result of our efforts. Although studies employing these outcome measures are more difficult to conduct, it is hard to argue against using them.

Most health professionals are interested in education as a tool to improve patient compliance. Compliance can be simply defined as the extent to which patients follow health or medical advice. Although

one might assume that the reason patients do not follow their doctor's advice is because they do not understand or know the consequences of their actions, the relationship between health advice and the recipient's behavior has proven to be much more complicated to describe. Over 250 factors have been found related to compliance[2] ranging from the weather[3] to safety lock pill dispensers[4]. Thus simple solutions such as providing patients with information about their health problem have been found to be inadequate.

In the prevention or treatment of human illness, lack of compliance with health advice undermines whatever benefit might accrue from the treatment. In ambulatory settings it has been repeatedly demonstrated that the majority of people fail to act on health advice, whether this be for prevention of illness or for treatment of acute or chronic disease[5]. In earlier times, non-compliance was the individual's best defence against treatments such as bleeding, cupping, puking and purging. However, many modern treatments have evolved far beyond the level of quackery and in turn, noncompliance has evolved from an act of self-preservation into a tragedy. For example, recent surveys have shown that fewer than 30% of hypertensive patients benefit from treatment through lack of compliance with medical advice[6] despite convincing evidence that antihypertensive medication prevents premature death and suffering from such devastating complications as stroke and heart attack[7].

Health care practitioners are faced daily with evidence of low

compliance with their recommendations and not infrequently must contend with the consequences of their patients' failure to follow the treatment regimen. It is not surprising that inability to improve patients' adherence to medical regimens has been cited as a most important source of physicians' dissatisfaction in their professional activities[8]. These circumstances create a dilemma for the practitioner and patient: on the one hand efficacious treatments are prescribed while on the other, for reasons both complex and poorly understood, these treatments are not followed.

In the Department of Clinical Epidemiology and Biostatistics of McMaster University, a system of critically appraising research articles according to methodological soundness has been developed. This approach takes us a step beyond the mere summarization of findings. It allows us to look at the best evidence so that we can be more confident about using this evidence for future program planning. Articles that evaluate educational approaches to improving compliance have been rated with this system with the following results.

Colcher and Bass[9] found significant improvements in both compliance and therapeutic outcome from careful instruction by the therapist concerning the need for taking all the tablets prescribed for a 10-day course of penicillin for streptococcal pharyngitis. In fact, this tactic was as successful therapeutically as giving patients a long-acting intromuscular injection of penicillin, a technique which completely obviates compliance problems. The results of this study, for compliance at least, are borne out by other studies that have shown

that written[10,11] and verbal[12] instructions greatly enhance short-term compliance. It would appear from these reports that it is unnecessary to convey an elaborate explanation of the illness and its treatment: it suffices to provide a simple but clear statement to the effect that the medication is to be taken until all that is prescribed has been consumed.

A number of studies using single strategies for increasing compliance did not work. These included four studies which tested approaches that were based on conveying information to the patient about his or her illness and the need for continued adherence to treatment [13,14,15,16]. None of these studies found any influence on treatment outcome, two of them found no influence on compliance[13,16], one found improved weight loss but no change in pill taking or attendance[15] and one found a substantial increase in dropping out among patients who received educational pamphlets[14]. In summary these studies show that although instruction is all that is needed for ensuring compliance with short-term treatments, it is necessary but virtually never sufficient for long-term therapy.

While instructing patients does not appear to result in long lasting effects, instruction of physicians about compliance management has been shown to result in enduring benefits for their patients. This was the finding of Inui, Yourtee and Williamson[17], in a study in which resident and staff physicians in a teaching hospital outpatient department were given tutorials on the relationship of the "health belief model" to compliance and on practical methods of detecting and

improving low compliance. A most encouraging result of this study was that improvements in patient outcomes were sustained on reassessment some 6 months following the tutorials. This implies that the physicians were continuing to use their new "compliance skills" because other studies have demonstrated a fall off in compliance to control-period levels once the compliance intervention is terminated[18,19].

A strategy that has received only limited testing to date but that appears to hold some promise, at least when combined with other methods, is soliciting and encouraging family support for the patient[15]. Group discussions provide another medium for enhancing compliance in combination with other methods[15,20] and home visits to patients have been found worthwhile in promoting adherence in hypertension when they included instruction about hypertension, and reminders and reinforcement of compliance[21].

Many of the foregoing studies suggest that the more attention that is focused directly on the problem of following therapy as prescribed the greater adherence will be. This general observation is given credence by the substantial success of a procedure called "contingency contracting"[14]. This involves negotiation with the patient at each visit of a very brief contract in which the patient agrees, in writing, to perform some act that will assist him or her to achieve the therapeutic goal. In return for successful completion of the task, the

patient negotiates a suitable reward. A mechanism that may be operating in this and other successful compliance-improving maneuvers is that the patient becomes an active participant in his or her own care rather than the passive recipient of medical advice[22]. It must be reiterated, however, that ongoing supervision from health care personnel seems essential to the long-term maintenance of compliance even if the patient does become an active agent in the process of medical management.

What are the implications of these findings for library service? Have our efforts of recent years been misplaced if it has been shown that information alone is not sufficient to improve compliance in long-term care? The charge has also been made that in addition to b eing impotent, health education is based on an individualistic approach to solving health problems that are rooted at a broader societal and environmental level[23]. Has the health education movement been used to deflect our energies away from these more politically sensitive areas? If our original motivation for becoming involved in the health education field still holds, that is, a need to make a more direct contribution to the health care system, then these are issues that we must be willing to address.

The first implication for library service is that we must accept the fact that information or knowledge per se is not the total answer to improved health care. It is the more complex multifaceted approaches to improving compliance that have proven to be most effective and such approaches have often included educational components. This means that

we must be prepared to take a team approach with other health care professionals in order to develop an effective program; it is no use working on our own. In retrospect, our clinical librarian project which I mentioned earlier benefited from this approach, since the librarian worked closely with the societal worker, nutritionist, occupational therapist, as well as the physicians and nurses to ensure that the required patient information needs were met. While it is true that increasing numbers of patients are seeking out health information on their own and using this information to assist them in coping more effectively with their health problems, we must accept the fact that this is still a small proportion of the general population. We need to continue to serve this group, but at the same time we must not lose sight of the broader societal and environmental issues that are creating our long-term health problems. Since educating health professionals about compliance strategies has been shown to be more effective that direct efforts with patients, we should not neglect the need for library support of such methods of improving patient compliance.

As Librarians, we are part of two dynamic and changing systems: the health care system and the profession of librarianship itself. Both of these systems interact with each other to produce the role of the health sciences librarian. Traditionally librarians have seen their role as reacting to the needs of their users, but more recent developments have shown that we can also play a useful active role in our

institutions and in society. This paper has attempted to provide some guidance for our future role as it relates to health and patient education and to the health care system in general.

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Section of Library Services to Hospital Patients and Handicapped Readers.

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HOSPITAL LIBRARY NETWORKS IN PARIS: ORGANISATION AND FUTURE PROSPECTS.

BY

Mme Rappaport,
Chief Hospital Librarian, Paris.

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HOSPITAL LIBRARY NETWORK IN PARIS
ORGANISATION AND FUTURE PROSPECTS

INTRODUCTION

In France, the first Hospital Libraries were founded at the end of the 19th century. At first, Social workers realised the moral and therapeutic value of that innovation. In 945, the first law was passed for hospital libraries, it was specially reserved for for long stay institutions, sanaroria and convalesence homes.

In other hospitals, associations were constituted, generally by volunteers. Their statutes stipulating that Association promise to supply books to the patients in hospitals of any kind. Some ones were very dynamic and abke to offer quite a good service, but the great number of them, cut off from the Public Libraries, were isolated having a very small budget, and were unable toprovide a minimum service to the 10million of handicapped readers living in institutions. It does seem really necessary that the Health Office and Public Libraries work together for the creation of a Hosital Libraries network well organised.

In Paris the "Assistance Publique" manages 38 hospitals, and we shall speak about those hospital libraries.

Libraries network.

A central library provides the 38 hospital libraries located in Paris and its region. It centralises all purcheses of books and other media and materials.It sends them to various hospitals. It arranges the library activities, organises reading committes, training of librarians, both paid and volunteers.It is the link between the other libraries, in and out of the hospitals, and with the professional associations. It is responsible for running the working budget.

The management of the service is provided by a Chief Librarian who is the manager of 17 hospital libraries, appointing librarians, plus 100 volunteers.

In each hospital, when there is a library with a reading room, it is organised like a department of a Public Library, with some differences according to the needs of the patients, i.e. children, adults, the elderly, and their illness or handicap. Also whether it is a short or long stay institution. In each case reading activities are different. but the lending method is alway the same. Regular ward visits are made with the library trolley, and patients can also visit the library. Lending to a patient is interesting, but it is not always sufficient to serve all the patient's wishes, so it is important to be able to send them to the hospital library where they will find a better choice on the shelves.

What is being done by the "Assistance Publique".

This year, three reading rooms have been opened, it is a good place to meet everybody, patients,family, staff, nurses and doctors. For the patients it is a place where thay can feel to be out of the hospital and for a great number of them it is the first opportunity to "meet" books a-nd cultural activities. For the family the library is a rest room and waiting room. It is also the place where information may be found. In Children s hospitals, family may get informations about children's books and children may listen to story tellers, see films or puppet theatre.

For staff and health specialists it is also very necessary and collaboration with staff, doctors and nurses is very important. In two Children's hospitals, one long stay and another short stay, the librarians are well qualified. They work with children speaking French or foreign languages. In such hospitals, schools are integrated and librarians have to work with occupational therapists, social workers, educators, teachers. Sometimes, reading activities are organised in the classroom itself.

In hospials for elderly

Isolated from family or from town (those hospitals are often in the environs) elder people need special services. Qualified librarian are responsable for providing that type of services. If it is important that the librarian visits individually the occupants in their room,he ought to organize also,meetings,reading club,expositions, editing hospital news paper. They have to work in closecollaboration with nurses and doctors.

In Psychiatric hospitals

That kind of patients reading needs are important,but the librarian can't decide which books are good or not. They have to cooperate wi with the neurologic therapists.

Now,in Laennec hospital a special study is done by doctors and librarian to s select the books the most adapted to each case. The advices may be quite contradictory.

It is desirable to develop Areading service of good quality,to have a section to provide a forum for discussion and exchange of experiences for librarians who work within the fields . Some of experience are realised in Paris.

Information and cooperation with Hospital Cultural Assciation,expositions collaboration with Public Library. Collaboration with clubs of story-taellers Relations with Culture Office and Trade Union.

Conclusion

Books play a important part in hospital,cultural,social,therapeuti

It can be developped only by a staff having a specific education and training.

But we ought also,accept to change theur uses according

Evolution of hospital structure,developing of new medias,video, audiovisael materials. To serve the villages,house bo8nd readers.

Hospital reflect Society,Books ought to follow its evolution.

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réseaux
48e conférence générale de l'IFLA – Montréal
22-28 août 1982
Fédération internationale des associations
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From Hospital to Home: Perspectives in Healthy Living

by

M.A. FLOWER

Head, Nursing Library
McGill University
Montreal, Canada

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The Switch to Health

One of the major contributions which Nursing has made to the health care field in North America in recent years has been its emphasis on health as a central issue: health as opposed to disease. To offset disease and limit its destructiveness has been the focus of Medicine, and in our lifetime modern medicine and modern technology have combined to create miracles of rehabilitation. Nevertheless, the majority of mankind has not experienced these miracles. The majority of mankind is sick only temporarily, subject to cycles of ill-health which may actually be self-limiting, whether there is medical intervention or not. The daily experiences of most people, therefore, both those miraculously cured, and those temporarily distressed, are episodes in healthy living. Health can be described, then, as "a continuing property, potentially measurable by the individual's ability to rally from insults, whether chemical, physical, infectious, psychological or social".(1)

It is Nursing which has turned our attention away from the dramatic episodes toward the day-to-day continuum of living which each individual experiences. Nurses have discovered that health is a way of living, an approach to the events of the day.(2) Because it includes social and cultural attitudes as well as psychological and physical attributes, it is a phenomenon of the family, or group, in which the individual functions. In this context disease is merely an episode in living. Health and disease, therefore, do not form a continuum, they are two variables in daily life. One may be living in a healthy way, and yet have a disease; or, one may have no disease, yet be living in an unhealthy way. In their research nurses are beginning to find ways to provide an environment in which the individual can learn healthy ways of behavior, of coping with problems or crises that arise on any day.

If, as some contend,(3) maintenance of one's health is a moral obligation, the attainment of a state of physiological and psychological equilibrium could aid in coping, not only with the sick role, but also with forces outside the individual's control. It could also help in the achievement of an interdependent relation-

ship with significant others in the life of the individual.

If attainment of such equilibrium is an important goal, it becomes apparent that self-reliance is a valuable asset. Increased understanding of the progress of a threatening disease, both in acute phases and in remissions, will add to the confidence of an individual coping with it, either personally or within the family group. Out of this reality comes the whole philosophy of health education.

In North America in the 1970s, however, another element was added to this concept. The costs of health care were escalating so rapidly that federal governments in both Canada and the United States began to hunt for ways to contain them. Analyses of major health hazards in both countries[4,5] highlighted the lifestyle of the individual as an element which might be altered by appropriate educational means. And health education became popularized as a slogan for self-care.

The Meaning of Self-Care

Self-care, as it is currently understood, means accepting responsibility for one's own health. This is a change in emphasis in a society which has traditionally depended on the expertise of health professionals, especially physicians. It is, however, quite consistent with the individual initiatives which are expected in an educated democratic society. Consumers of health care are the same people who want to be informed consumers of manufactured goods, electronic equipment and food products. These people insist on receiving adequate information on which to base a purchasing decision, and they shop around among a multiplicity of manufacturers and sales outlets. Their self-care approach to health is essentially the same. They look for information on which to base their health decisions. The explosion of articles on health matters, and regular columns in the popular magazines, is one clear indication of this general interest.

These dual thrusts in social awareness of the meaning of health have developed together, one toward finding effective coping mechanisms to maintain health, and one toward self-reliance in

dealing with the health care system. Combined they point to the need in the community for a new specialty in education: health education.

Patient Education in Hospital

For the individual health education is likely to begin in a hospital. If a person has contracted an illness, that person and that person's family may receive direct education from health care providers in overcoming the drawbacks imposed by that illness. Patient education has been going on in North American hospitals for years. It is part of the responsibility of each physician to inform his patients as well as he can. There is, first of all, the legal responsibility to ensure that whatever consent such a patient must give for treatment procedures is given with some knowledge of what is involved.(6) "Informed consent" is not a well defined concept, even now, although it can be the basis for a malpractice suit, if it is not properly observed. Some physicians are better at it than others, however. How much the patient may hear, understand, or remember, is not always taken into account. The fact of having provided a summary may be considered by the physician as the equivalent of having informed the patient.

The Patient's Bill of Rights, published by the American Hospital Association in 1975,(7) lists twelve "rights" which the patient can reasonably expect to exercise when in hospital. "Considerate and respectful care" is one. "Current information concerning diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand" is a second. And the patient has the right to refuse most such treatment in full knowledge of the medical consequences, although there are legal limits to this refusal.

The really basic requirement which the patient would most like to exercise in any health care facility would be to receive a reasonable standard of care, which of course cannot be defined. It should, however, include the conveyance of enough information about the patient's illness so that it is possible to go home with an adequate expectation of progress and self-care.

Such information is normally the responsibility of the physician, but it is often the nurse who is designated to teach the patient the required procedures. Indeed, some forms of patient education in hospital almost always fall to the nursing staff. Among these are the instructions necessary when a patient is being discharged from the hospital. There may be medication, bandaging, or an exercise or diet regimen, which the patient should continue at home. Here too the professional staff is often unrealistic about how well the patient will retain the instruction, or be able to repeat it to those family members who will have to take the responsibility for carrying it out. In the event that not enough time has been allowed, there may be no opportunity to practice the techniques being described, or even to be sure they are understood. Afterwards, the follow-up from hospital to home tends to fall to other agencies, and the continuity of care is lost. The patient may be left with only a partial understanding of what is required, and why.

Improving Patient Education

Today, led by the nurses' emphasis on "patient-centered care", many hospital professionals are becoming aware of the short-fall built into such patient education programs, and they are beginning to explore methods of developing more effective patient instruction. This is likely to involve them in learning/teaching techniques. Learning styles vary from patient to patient, and they are dependent, not only on the individual's characteristic approaches to problems, but also to some extent on the level of education the patient may have achieved.(8) Some people learn best by seeing; others by reading. Some need rules to go by; others need simply to try the procedure. Some people accept passively whatever information is offered; others want to increase their knowledge as much as possible, so that they can control the situation.

Another aspect of the teaching/learning process is the content. Explanations are important, but what is actually being taught is usually a series of skills which the patient must acquire in order to deal with a disability for either the short- or the long-term. For this the most useful method of teaching seems to be demonstration

by the teacher and practice by the patient. The really key element is the participation which the patient may experience in helping to decide how to go about learning what is necessary, and what might be a reasonable performance goal. This leads to an interaction with the professional instructor which ensures clearer communication all round. The same considerations apply to family members who may expect to become involved in care procedures at home. They need an active dialogue with health professionals in the course of discovering what is required.

A Health Education Specialty

As a result of the increasing awareness in the hospital and in the community that there is a general need for information about healthy living and coping with illness, a specialty is developing in the management of health education, especially in the United States. In a hospital such education may be handled by an individual, or it may be handled by a whole interdisciplinary health education unit. There are an increasing number of functions which are being identified as useful for such a unit to perform.(9) Not only can a coordinated education service be developed, involving as many disciplines as necessary, but in-service education for professional development can also be fostered. In addition, cooperation with other agencies in the community can go some way toward minimizing the gaps between services for patients with specialized needs. A health education unit can introduce hospital patients to the services that are available in the hospital, and can help them find ways to use the services effectively. Later at home, patients requiring services after discharge can be assisted in finding what they need in the community. In the long run this combination improves the quality of care by maintaining links between services for individual patients. Follow-up can also enhance the patient's understanding of the regimens which the physician has suggested, and, by increasing compliance, may even reduce the recurrence of illness in some cases. What is still not clearly understood is the role of health libraries in this process.

The Role of Health Libraries in Health Education

Health libraries can be central in these activities in many ways, since the generation and delivery of information is their business. Many hospital libraries are already embedded in in-service programs, providing both print and non-print materials for seminars, rounds, and other regular learning opportunities for professional hospital staff. In their "patient-centered care" the nurses are frequently able to tailor information to the patient's specific need and understanding. The hospital library and its staff may provide the written materials to support the teaching project, or, it may provide instead continuing education materials for the nurse herself to use in learning to communicate with the patient. From this kind of close cooperation it is a very short step to offering pertinent books, articles and cassettes directly to the patients. Providing health education for patients in the hospital quickly spreads to their families, who are equally involved in their care and their progress. Once the health library has adjusted to the requests of these perfectly healthy clients, it is less difficult to accept other members of the general community who are interested in health topics. Urged on as they are by the media in both Canada and the United States, consumers of health care are looking harder at nutrition, lifestyles and personal options. They want information on stress, family development and occupational hazards, as well as health problems, and they often look for this information in the hospital library.

What is important is that individuals learn to understand the factors in their lives which limit health and threaten wellness. Not just their own behavioral factors are important. Physical and social factors in their communities, and even in their families, have major effects. These factors can sometimes be dealt with in a community setting through cooperation among the citizens and their agencies. Both public and health libraries in the area should be central in providing the information on which such action can be based. The role of the health sciences librarian in this dialogue is to provide the materials in whatever form may be appropriate as a basis for the interchange.

Citizens also need some guidance in finding resources in the community to support their personal needs. The interpersonal networks of individual practitioners are often spotty, and health librarians are beginning to learn that they are able to develop a more systematic index of community resources, using their own professional techniques for information gathering.

Health Libraries in Action

When a hospital library undertakes the responsibility for supporting the dialogue between patient and professional, its activities have a special name. The expanded library service is called "clinical librarianship", because it involves the health librarian with other health professionals in hospital activities such as clinical rounds and bedside visits. The first such project in Canada was undertaken at McMaster University Medical Centre (10) in 1975 as a part-time addition to the Gastroenterology Program. This program was aimed particularly at informing patients and patients' families, but it also offered materials to health professionals for their own use.

Other programs have been reported in the United States, each with a different emphasis. One which was mounted at the Washington University School of Medicine Library (11) for interns and residents in the teaching hospital was obviously successful, although expensive in terms of the librarian's time, and of on-line costs. Later evaluation made it clear that the skills of the librarian were essential to the success of the program. If the information was to be used, other health professionals boggled at the prospect of locating it themselves. This finding underlines the importance of staff time in any library outreach for health education.

A more expansible program for providing health care information to consumers has developed in another direction. Cooperation between hospital libraries and public libraries, once undertaken, seems to move rapidly out into the community. Access to monographs and popular journals not available in a health sciences library is provided in the public library through

a sharing of expertise. A reliable core collection is assembled, and cooperative scrutiny evaluates the flood of semi-professional health-oriented literature coming into the marketplace. In Ottawa, Canada's capital, this has happened under the auspices of a Joint Sub-Committee[12] composed of representatives of the Ottawa Public Library and members of the Ottawa Chapter of the Canadian Health Libraries Association. In Hamilton, Ontario, the McMaster Health Sciences Library and the Hamilton Public Library have cooperated to provide a series of patient education packages, which include a "resource guide" listing the quality material currently available in the Public Library.[13]

More elaborate cooperative programs have been developed in the United States, such as the Community Health Information Network (CHIN) program in the Boston area. This has developed since 1974 under a series of federal and state grants to the point where a group of suburban public libraries and the Mount Auburn Health Sciences Library are able to interact under a Network Coordinator to provide interlibrary loan service and a reference service out of the health sciences resources in Greater Boston. At the same time the public libraries are developing health collections of their own, as well as the expertise required to expand the service. In order to ensure the quality of these new lay collections, the network is also working out standards for selection.[14]

A similar effort to develop a health information network is a program on the west coast called the Consumer Health Information Program and Services (CHIPS).[15] This one was developed in the Los Angeles area of California, and funded by the federal government for a two year starting period. It is basically an attempt to coordinate the services of a regional medical library and a regional public library in providing lay information about health. The object has been to support the national effort to improve the health of the American people. It is an English/Spanish program suited to its locality, and it has involved forty health-related institutions in the exchange of health information.

In Canada a special health collection was developed for

l'Atelier à votre santé in suburban Montreal, which is another example of a consumer-oriented health information service, and its potential for innovation. This collection was designed to serve the needs of a demonstration nursing clinic[16] which was attempting to explore the potential that nursing might have in leading clients toward wellness. Acquisitions cover not only chronic illnesses, such as diabetes and arthritis, but also stress-producing situations, such as family crises, whatever the cause. The scope ranges from professional literature to assist the nurses in their counseling, through a broad spectrum of literature on social and psychological problems, as well as the physical ones which clients might encounter. The collection also ranges across all ages, from the youngster dealing with a hospital visit to the senior citizen facing loss of autonomy.

Interest in the collection was not limited to those who attended clinic sessions. Citizens from all over the community came to explore the books and journals, bringing their own questions. Other professionals besides nurses borrowed materials to show their clients. Now that the collection is independent of the clinic it is still heavily used by nursing students as a resource for their outreach programs. Parts of it travel to outlying communities on a monthly rotating basis.

The Efficiency of Health Education

In viewing programs such as these with enthusiasm, we must remain aware of the reservations voiced by experienced health educators. One of the most vocal of these is Lawrence W. Green of Johns Hopkins University. He makes very clear the distinction between delivering health information to the consumer who is interested, and providing what he calls "strategies of learning experiences designed to bring about voluntary adjustment of behavior conducive to health". This is what he labels "health education", because it tends to result in a change of behavior. "Health information" is a necessary component of this package, but knowing does not necessarily include any motivation to act.[17] Such motivation seems to depend primarily on whether the individual

believes that the health threat might be serious, not only physically, but socially and economically, and whether at the same time the individual feels personally susceptible to the health threat. When they come together, these two convictions will apparently motivate the consumer of health care to take action on the basis of information acquired from either a health professional or a library.(18)

Impact of Community Attitudes

There are two thrusts in consumer health education today in North America. One is the idea we have already discussed, that individuals in our society should cease depending on professional advice for every ill, and should become knowledgeable about the way the body functions. The other thrust is a pervasive health education program conducted by a combination of health professionals and the media, which is aimed at changing the general behavior of society. This is applied in conjunction with such activities as smoking, drinking, driving and drug-taking.

Because American society, and in large part Canadian society as well, is devoted to a pragmatic/technical/interventionist approach to all problems, health problems are normally treated on this continent in terms of the "medical model" which pinpoints disease, creating factors to be eliminated.(19) Currently what is to be eliminated has been identified as certain types of personal lifestyles. These lifestyles may cause illness in some people, and are therefore labelled unhealthful. They allow us to target certain individuals for interventions, not because they are clear present threats to themselves and others, but because they behave in ways we consider objectionable. There is a messianic quality to this form of health education which has negative implications for the right of the individual to choose. At the same time this right is being fostered by the other thrust of health education toward responsibility for self-care. In the real world no citizens can be obliged to live healthy lives, unless they choose to do so.

Some health professionals in Canada are beginning to question the value of the current insistence that the health

consumer has all the options. For, in spite of an awareness that "human behavior is largely dependent on the nature and quality of information existing in the environment",(20) only a very small percentage of the total population in either Canada or the United States actually responds to the massive health promotion campaigns now under way. What is overlooked is that indivdual behavior patterns have other determinants than personal choice. In our society there are such illness provoking factors as poverty, sexual inequality, racism, occupational hazards and industrially created environmental pollution. These have been called "social pathogens", and their impact is enormous. Self-care cannot overcome them all, but self-care can include an insistence on further information.

If they can accept the challenge, health libraries may find themselves moving out of a milieu framed by care of the sick into the political climate of their own society, where there is information to be provided on these social problems. How they can be addressed may be the real concern of health care consumers.(21) This may involve banding together in community groups. If health libraries find themselves providing information for such groups of health consumers, they will have come a long way from the philosophy maintained even now by some hospital libraries, that health information can be dangerous in the wrong hands. Moreover, they will need leadership from librarians who are themselves active in community affairs.

Potential Community Role for Health Libraries

In Canada, where there is universal coverage for health care, health services are a provincial responsibility, and in each province they are organized somewhat differently. During the 1960s and 1970s most provinces issued studies and reports on which to base their health care planning. The differences in emphasis which have developed from province to province have become most interesting. For example, the contrast between the developments in Quebec and in Ontario, our two central provinces, is striking. In Quebec Local Community Health Centres have been developing region by region.(22) These centres are essentially

walk-in clinics where teams of doctors, nurses and social workers screen the clients, and either handle their problems themselves, or refer them to appropriate agencies. Direct interaction with the health consumer is basic to their effectiveness.

In Ontario the health care system is also divided regionally, but the District Health Councils which are formed in that province are planning bodies which try to coordinate the health services in their area.(23) Health consumers are appointed to these Councils side-by-side with health professionals. This is a new role for consumers of health care, and they bring very different viewpoints to their advisory role than the providers do. Decision-making patterns on such a Council have been shown to divide authority along the lines of the participants' occupational experience. When clashes develop, however, the shifting coalitions seem almost always to cross the consumer/provider line.(24)

One feature these systems share is a lack of participation from health libraries. In Ontario health librarians are members of the District Health Councils only rarely. In Quebec library services for the Local Community Health Centres are reduced to handing out a few government pamphlets.

A study in the United States has indicated that in that country even Area Health Education Centres are deficient in access to the resources of health libraries.(25) These Centres have been established in areas where there are no health sciences centres to provide training and continuing education for local health personnel. However, although health information and information exchange are fundamental to the concept of these centres, health libraries have not often been included. This seems to be only partly due to a lack of understanding of how libraries might fit into the scheme. The libraries themselves have apparently let the opportunity go.

Herein lies our challenge for the 1980s. If health libraries are to join in the consumer health education movement on this continent, they must expand health information services beyond the hospital into the community by whatever methods seem to work.

Once there, they must learn how to evaluate the impact of those services, both in the community and in individual lives.

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